

Statement of

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**9/11 Health Effects: Federal Monitoring and Treatment of Residents and
Responders**

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Introduction

Good morning Chairman Towns, Ranking Member Bilbray, Congresswoman Maloney and other members of this Committee. I am the Chief Medical Officer, Office of Medical Affairs, for the Fire Department of the City of New York (FDNY). Along with Dr. Kerry Kelly, who could not be here today, I am the co-director of the FDNY's World Trade Center Medical Monitoring and Treatment Program. Thank you for the opportunity to submit testimony today about the health of our FDNY first responders following their exposures at the World Trade Center (WTC).

On September 11, 2001, in a matter of moments, with the collapse of the towers, 343 of our members perished, hundreds suffered acute injuries and thousands have required long-term treatment for respiratory and mental health conditions. In the weeks and months following 9/11, virtually all of the FDNY first responders worked at the WTC site – amid the debris and dust resulting from the towers' collapse. More than 11,500 firefighters and fire officers and more than 3,000 EMTs and Paramedics took part in the rescue, recovery and fire suppression efforts.

During that time, FDNY workers experienced more exposure to the physical and emotional hazards at the WTC disaster site than any other group of workers.

FDNY Medical Monitoring and Treatment Program:

FDNY's WTC Medical Monitoring and Treatment Program is one of only three Centers of Excellence for WTC Health identified in the just published Mayor's report on the health impacts of 9/11 (http://www.nyc.gov/html/om/pdf/911_health_impacts_report.pdf).

FDNY is the Center of Excellence that was the first to provide monitoring and treatment,

is the only Center with pre-9/11 health data on every FDNY member, is the only Center with more than a 90-percent participation rate in this program and is the Center that has been most effective in determining the WTC health effects and publishing scientific data about them.

Physical Health Issues

For those working at the site, respiratory issues surfaced quickly. In recognition of these symptoms, FDNY initiated the WTC Medical Screening and Treatment Program in October of 2001, just four weeks after 9/11. From October 2001 through February 2002, we evaluated more than 10,000 of our FDNY first responders. Since that time, we have continued to screen both our active and retired members for a total of 14,250 FDNY personnel to date. This WTC Medical Monitoring Program has been federally funded through CDC and NIOSH, and has been a joint labor-management initiative. This FDNY program is dedicated to monitoring the health of our members, while the Mount Sinai Consortium addresses the health issues of non-FDNY responders.

Our monitoring programs work collaboratively, partnering with NIOSH. At this time, nearly 9,000 of our FDNY members have participated in a second round of FDNY-administered medical and mental health monitoring.

More than 3,000 of our members have sought respiratory treatment since 9/11. Most have been able to return to work, but more than 700 have developed permanent, disabling respiratory illnesses that have led to earlier-than-anticipated retirements among members of an otherwise generally healthy workforce. In the first five years post 9/11, we experienced a three- to five-fold increase in the number of members retiring with lung problems annually.

Since our Bureau of Health Services performs both pre-employment and annual medical examinations of all of our members, the WTC Medical Monitoring program has used the results of these exams to compare pre- and post-9/11 medical data. This objective information enables us to observe patterns and changes among members. A significantly higher number of firefighters were found to be suffering from pulmonary disorders during the year after 9/11 than those suffering pulmonary disorders during the five-year period prior to 9/11. Furthermore, the drop in lung function is directly correlated to the initial arrival time at the World Trade Center site. On average, for symptomatic and asymptomatic FDNY responders, we found a 375 ml decline in pulmonary function for all of the 13,700 FDNY World Trade Center first responders and an additional 75 ml decline if the member was present when the towers collapsed. This pulmonary function decline was 12 times greater than the average annual decline noted five years pre-9/11. Over the past four years, pulmonary functions of many of our members have either leveled off, improved or, unfortunately for some, declined. More than 25 percent of those we tested with the highest exposure to World Trade Center irritants showed persistent airway hyperactivity consistent with asthma or Reactive Airway Dysfunction (RADs). In addition, more than 25 percent of our full-duty members participating in their follow-up medical monitoring evaluation continue to report respiratory symptoms.

The Fire Department's preliminary analysis has shown no clear increase in cancers since 9/11. Pre- and post-9/11, the Fire Department continues to see occasional unusual cancers that require continued careful monitoring. Monitoring for future

illnesses that may develop, and treatment for existing conditions, is imperative and as I will discuss later, should be funded through federal assistance.

Mental Health Issues

As our doctors and mental health professionals can attest, the need for mental health treatment was also apparent in the initial days after 9/11, as virtually our entire workforce faced the loss of colleagues, friends and family. Past disasters have taught us that first responders are often reluctant to seek out counseling services, frequently putting the needs of others first. Many times, recognition that they themselves need help may not happen for years after an event. Our goal was to reduce or eliminate any barrier to treatment so that members could easily be evaluated and treated in the communities where they live and firehouses and EMS stations where they work. We also developed enhanced educational programs for our members to address coping strategies and help identify early symptoms of stress, depression and substance abuse.

Nearly 14,000 FDNY members have sought mental health services through FDNY Counseling Services Unit (CSU) since 9/11 for WTC-related conditions such as PTSD, depression, grief, anxiety and substance abuse. Prior to 9/11, the CSU treated approximately 50 new cases a month. Since 9/11 and continuing to this date, CSU sees more than 260 new cases at its six sites each month -- more than 3,500 clients annually. The continued stream of clients into CSU indicates that the need for mental health services remains strong.

Funding

Through the efforts of the Mayor and New York City's Congressional delegation, and the continued support of our labor partners, we have secured funding to continue

monitoring and treatment of our members. This funding is crucial to our monitoring and treatment programs, and we appreciate this Committee's efforts to bring the needed attention to these issues and our funding needs. Additional funding is needed to provide for long-term monitoring because in environmental-occupational medicine, there is often a significant lag time between exposures and emerging diseases. For example, the medical effects of asbestos may not be detected for 20 to 30 years after exposure. The actual effect of the dust and debris that rained down on our workforce on 9/11 may not be evident for years to come.

Additional funding is also required to continue enhanced diagnostic testing and focused treatment of FDNY first responders, addressing both physical and mental health problems related to World Trade Center exposures. Both our active FDNY members and our retirees face gaps in their medical coverage. Early diagnosis and aggressive treatment improves outcomes. This is only possible if burdensome out-of-pocket costs (co-payments, deductibles, caps, etc.) for treatment and medications are eliminated. For example, long-term medication needs for aerodigestive (upper and lower respiratory disease with or without gastroesophageal reflux dysfunction) and mental health illnesses require significant co-payments, taxing the resources of our members. In addition, most insurance plans do not adequately cover mental health treatment.

Conclusion

The 343 who perished at the World Trade Center are tragic reminders of the risk they all took that day by just doing their job. Concerns for the long-term health and future of those who survived that tragedy remain. The commitment to long-term funding, for both monitoring and treatment, must be made now to allow the FDNY WTC Health

Center of Excellence to plan for the future in order to protect and improve the health of our workforce (both active and retired) and to inform lesser exposed groups (and their healthcare providers) of the illnesses seen and the treatments that are most effective. Continued funding for and operation of this Center of Excellence -- the FDNY WTC Medical Monitoring and Treatment Program -- is the most effective way to do this. Alternative fee-for-service plans will fail to provide effective treatment to large numbers of affected FDNY members, will not be cost-effective and cannot provide the comprehensive data analysis we need to inform the public, scientists and government officials, all of whom need this information.

FDNY rescue workers (firefighters and EMS personnel) answered the call for help on 9/11 and continue to do so every day. Now we need your continued help to maintain this Center of Excellence so that our members can best be served. Thank you for your past efforts, and your continued support of the Department and our members.